



DIVISION OF CHILD CARE AND EARLY LEARNING
FAMILY CHILD CARE HOME
PROVIDER/ASSISTANT RESUME

☐ Provider☐ Assistant

If you are an assistant, give the provider's name below:

PROVIDER'S LAST NAME

FIRST NAME

TELEPHONE NUMBER

NAME

TELEPHONE NUMBER

ARE YOU 18 YEARS OR OLDER?

ADDRESS

☐ Yes☐ No**EMPLOYMENT HISTORY**

Start with your present/last position.

PRESENT OR LAST EMPLOYER

TELEPHONE NUMBER (INCLUDE AREA CODE)

FROM (MONTH AND YEAR)

ADDRESS

TO (MONTH AND YEAR)

DESCRIBE THE TYPE OF WORK YOU DID

TOTAL TIME EMPLOYED

HOURS PER WEEK

PRESENT OR LAST EMPLOYER

TELEPHONE NUMBER (INCLUDE AREA CODE)

FROM (MONTH AND YEAR)

ADDRESS

TO (MONTH AND YEAR)

DESCRIBE THE TYPE OF WORK YOU DID

TOTAL TIME EMPLOYED

HOURS PER WEEK

PRESENT OR LAST EMPLOYER

TELEPHONE NUMBER (INCLUDE AREA CODE)

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FROM (MONTH AND YEAR)

ADDRESS

TO (MONTH AND YEAR)

DESCRIBE THE TYPE OF WORK YOU DID

TOTAL TIME EMPLOYED

HOURS PER WEEK

EXPERIENCE

Have you worked with children in the past for pay or as a volunteer? ☐ Yes ☐ No

If yes, describe any experiences you feel were valuable. Include any other volunteer work you have done.

TRAINING

Have you had any training that will be helpful? Check any of the following areas you have been trained in and, when required, provide dates.

- | | | |
|---|--|--|
| <input type="checkbox"/> First Aid _____
DATE | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Business skills |
| <input type="checkbox"/> Infant/child CPR _____
DATE | <input type="checkbox"/> Nursing | <input type="checkbox"/> Working with special needs children |
| <input type="checkbox"/> Preschool programs _____
DATE | <input type="checkbox"/> Counseling | <input type="checkbox"/> Teaching _____
DATE GRADES |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Early childhood development | <input type="checkbox"/> Other (specify): |

Details:

SPECIAL SKILLS

Do you have special skills that will be helpful?

- | | | | |
|--|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Dance | <input type="checkbox"/> Drama | <input type="checkbox"/> Behavior management |
| <input type="checkbox"/> Story telling | <input type="checkbox"/> Art | <input type="checkbox"/> Puppetry | <input type="checkbox"/> Other (specify): |

Details:

EDUCATION BACKGROUND

Are you a high school graduate or do you have a General Education Development (GED)? ☐ Yes ☐ No

If no, check the highest grade you completed:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Education after high school:

SCHOOL NAME	DATES ATTENDED	GRADUATED	DEGREE/ YEAR	MAJOR SUBJECTS

SIGNATURE

DATE